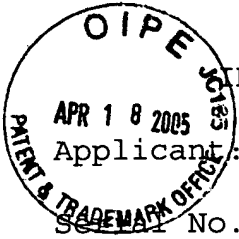


2FW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Elizabeth Ramirez

Serial No.: 10/816,483

Filing Date: March 30, 2004

For: STRUCTURE TO ENCLOSE A SAFE ZONE ON AND ABOVE A
MATTRESS AND ITS SUPPORT PERMITTING LIMITED
MOVEMENT ONLY OF A BEDRIDDEN PATIENT IN THE SAFE
ZONE

Confirmation No. 1206
Group Art Unit 3673

2800 S.W. Third Avenue
Historic Coral Way
Miami, Florida 33129

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING

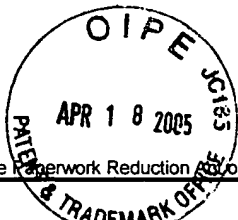
I HEREBY CERTIFY that this correspondence is being
deposited with the United States Postal Service as first class
mail in an envelope addressed to: Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, this 14 day of April,
2005.

Respectfully submitted,

MALLOY & MALLOY, P.A.
2800 S.W. Third Avenue
Historic Coral Way
Miami, Florida 33129
(305) 858-8000

By: John Fulton, Jr.
Reg. No. 46,716

Date: 4-14-05



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/816,483
Filing Date	March 30, 2004
First Named Inventor	Elizabeth Ramirez
Title	STRUCTURE TO ENCLOSE A SAFE ZONE
Art Unit	3673
Examiner Name	
Attorney Docket Number	PB "R"/jf

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

04219

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

04219

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Elizabeth Ramirez</i>	Date	March 27, 2005
Name	ELIZABETH RAMIREZ	Telephone	(352) 377-9571
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 (one) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY